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ABSTRACT

A program based on the use of the Kindergarten Questionnaire (K-Q) is described, with emphasis on the questionnaire's potential as an assessment tool for prevention of learning and emotional problems. The goals of the questionnaire program are (1) to assess readiness in children, (2) to provide more complete information to teachers, (3) to inform the family of available services in a non-threatening way, (4) to help the system with its service to the child, and (5) to provide mental health service to the community, using the school as a vehicle. Procedures that have been used to implement the use of K-Q in early childhood education programs are described. Also included is data that has been collected concerning predictive validity of the instrument, based on a sample of 493 children. (DP)

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A MODEL FOR PREVENTION: A KINDERGARTEN SCREENING PROGRAM

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Statement of the Problem

The Kindergarten Questionnaire (to be referred to as K-Q) is designed to detect emotional, learning, speech, health and perceptual problems as well as areas of strength at the pre-kindergarten level and to facilitate intervention where indicated. Intervention in a school setting utilizes all the services within the department of Pupil Personnel to evaluate and plan for the specific needs of each child. The authors wish to give credit to the entire Pupil Personnel staff of the Arlington Public Schools who made the implementation of this program possible.

The basic premise underlying the initiation of the K-Q is the authors' belief that early screening and intervention is a viable mode of prevention. By prevention, it is meant minimizing already existing problem areas and warding off potential difficulties which effect growth and development. The gains would be: (1) to assess the readiness of the child; (2) to provide the kindergarten teacher with more complete information; (3) to inform the resident family, in a non-threatening milieu, of the services provided by the system; (4) to help the system with its service to the child; and (5) to provide mental health service to the community using the school as a vehicle.

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Population

The subjects were students in five elementary schools from the Spring of 1970 when 53 pre-schoolers were seen to the Fall of 1972. In the years 1971 and 1972, the Principals of three schools elected to screen in the Fall. In 1971 there were 230 kindergartners and in 1972 there were 218 kindergartners. In 1973 the screening was uniformly extended to the 11 elementary schools (total population

of 700 pre-kindergartners) in the system and carried out in the Spring, prior to school entry. This is consistent with the authors' philosophy of pre-school assessment and intervention when indicated. Maturation does not usually eliminate problems of those children who were evaluated as being high-risk, e.g., requiring immediate attention.

Procedure

The implementation of the K-Q screening involves the total Pupil Personnel staff as well as kindergarten teachers, principals, administrators and parents in each school. In Arlington, the learning team staff in the elementary school usually includes a psychologist and/or social worker, a learning disabilities specialist, a tutor for the emotionally disturbed, a speech therapist and a nurse. It is one of the members of the learning team who serves as the K-Q interviewer. The philosophy is oriented towards in-service training for Pupil Personnel staff and teachers. This training involves an orientation meeting for each school's learning team where they are made familiar with the philosophy and administration of the K-Q. In the discussion of the K-Q scoring, the team members share their expertise and together plan for the total needs of the child. In this way, the authors believe that a more global look at the child will be effected.

The screening process takes place on the day of registration. At this time a member of the learning team spends a half hour with each parent-child unit. The parent (it is usually the mother, but fathers are welcome) completes a Parent Questionnaire and at the same table the child is led through the tasks of the Child's Form. The Parent Questionnaire elicits information on family background and parental perceptions of his/her pre-schooler's development in the areas of: health, speech, emotional, developmental, motor, dominance and readiness. The task-oriented format of the Child's Form requires a: Draw-A-Person, copying geometric forms, name writing, free drawing, tasks of gross and fine motor coordination,

speech and expression of feelings. Upon completion of the more formal screening, the child is observed in the kindergarten room where toys and refreshments are available. The interviewer makes note of the child's ability to relate to the interviewer, his/her task performance, his interaction with his mother and his involvement in the free play situation. The interviewer repeats this process with each parent-child unit during the day of registration.

At this point, the interviewer scores and then transfers the information from both the Parent and Child Questionnaires to an Individual Data Card which has isolated evaluative categories. These Individual Data Cards are then processed by the total learning team staff at a follow-up meeting and the information is culled to a Summary Data Card. The Summary Data Card isolates the areas of: Immediate Attention, Speech, Perceptual, Emotional, Health, Immaturity and Maturity, and Talents. At this follow-up meeting the team decides which children and parents would profit from immediate attention prior to Fall entry. The team shares the responsibility of contacting these families and offers referral sources within the school and within the community.

As a result of the K-Q process the following has been implemented: (1) the school staff has information on each entering child; (2) the system has sociographic information across the town; (3) the Pupil Personnel staff and kindergarten teachers have been brought together as a diagnostic and planning team; and (4) the parents have a greater sense of the school's interest and services.

Results

The predictive validity of the category of Immediate Attention has a correlation of 76 percent on a longitudinal basis covering 1970 to 1972 with a population of 493 children. Those children who could be considered candidates for the Immediate Attention category

would be those who appear to have a pronounced difficulty or highly irregular pattern in just one category or where more than one category appears questionable.

The categories of Speech, Perceptual, Emotional, Health and Immaturity have been less predictive. The authors note that the K-Q's predictive validity increases in schools where more services are available. There appears to be a tendency for the predictive validity of the K-Q to increase on a longitudinal basis. The authors question this finding and wish to maintain a balance between reasonable optimism and realistic caution. Are school personnel less well trained to recognize the special needs of children at the primary level? Are school personnel reluctant to refer due to the tack of sufficient personnel? And/or school personnel relying on maturational growth to eliminate presenting symptoms?

Summary

In summary, the authors have found that the K-Q screening is multi-dimensional in its scope. It has served as an impetus to the following programs and services: (1) it provided in-service training to kindergarten teachers and Pupil Personnel staff; (2) it delayed school entry for developmentally immature children; (3) it helped Pupil Personnel members augment their functioning as a team for referral procedures and treatment; (4) it initiated continuous voluntary parent groups that focus on a variety of areas; (5) it initiated a liaison between the High School Child Study class and kindergarten classes; (6) it permitted pre-school referral to spring nursery schools and summer Headstart programs; (7) it initiated the inception of transitional classes between kindergarten and grade 1; (8) it served as a tool to plan kindergarten class groupings for the Fall; (9) it provided sociographic information about the town's population.